

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRANDON WOODS AT ALVAMAR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1501 INVERNESS DR LAWRENCE, KS 66047</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 203 SS=D	<p>The following citations represent the findings of complaint investigations 88790, 87830, 86583, and 85119.</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer</p>	F 203			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 203	<p>Continued From page 1</p> <p>or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by:</p> <p>The facility identified a census of 108 residents. Based on observation, interview, and record review, the facility failed to ensure the involuntary 30-day discharge notice contained appropriate information as required by federal guidelines for 2 of 2 residents (#1 and #3).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The facility admitted resident #1 on 11/20/13.</li> </ul> <p>Review of the discharge letter dated 6/1/15 lacked a destination for the resident's discharge.</p> <p>The discharge letter documented 6/30/15 was the 30-th day.</p> <p>Review of the clinical record social services notes dated 6/25/15 documented staff provided a list of</p>	F 203			

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F 203	<p>Continued From page 2</p> <p>long-term-facilities to the resident's responsible party.</p> <p>The discharge letter documented the responsible party had the right to contact the local state agencies.</p> <p>The letter failed to inform the responsible party of the right to appeal the 30-day discharge.</p> <p>Observation on 7/7/15 at 10:15 A.M. revealed the resident sat in an oversize recliner watching television in his/her room.</p> <p>On 7/7/15 at 8:00 A.M. administrative staff A reported the facility issued resident #1 a 30-day discharge notice.</p> <p>On 7/7/15 at 10:18 A.M. social services staff revealed the facility sent the responsible party a list of long-term-care facilities and the facility staff did not have a new location arranged for the resident.</p> <p>During an interview on 7/7/15 at 11:52 A.M., administrative staff B reported administrative staff C verbally extended the 30-day discharge notice to the responsible party from 6/30/15 to 7/14/15, due to the two-week delay from the letter being reviewed. The facility did not issue a new 30-day notice. Administrative staff B revealed the facility lacked a discharge location for the resident.</p> <p>The facility failed to ensure the 30-day discharge notice provided the documentation per the federal guidelines, which included the date of discharge, discharge location and right to appeal the discharge.</p>	F 203			

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F 203	<p>Continued From page 3</p> <p>- The facility admitted resident #3 on 11/18/14.</p> <p>Review of the 30-day discharge letter dated 6/9/15 lacked a destination for the resident's discharge.</p> <p>The discharge letter lacked evidence of the effective date of discharge.</p> <p>The discharge letter documented the responsible party had the right to contact the local state agencies.</p> <p>The letter failed to inform the responsible party of the right to appeal the 30-day discharge.</p> <p>Review of social services notes dated 7/3/15 at 2:30 P.M. documented an approved extension from 7/7/15 to 7/31/15.</p> <p>Observation on 7/7/15 at 12:40 P.M. revealed the resident lay sleeping in bed.</p> <p>On 7/7/15 at 8:00 A.M. administrative staff A reported the facility issued resident #3 a 30-day discharge notice.</p> <p>On 7/7/15 at 12:45 P.M. licensed nursing staff F revealed the facility issued resident #3 a 30-day discharge notice.</p> <p>The facility failed to ensure the 30-day discharge notice provided the documentation per the federal guidelines, which included the date of discharge, discharge location and right to appeal the discharge.</p>			F 203			